

ADMINISTRATIVE COMPLAINT

If you believe that your local child support agency has delayed or not taken a mandatory action on your case as required by federal regulation or state law, please complete this form.

Once this form is submitted, your local child support agency is required to review the facts in your case and notify you of a determination of whether or not an error has occurred or why a required action has not been taken.

Information provided on this form (including any attachments) may be shared with others only for the purpose (s) of administration of the child support program and other related programs [Wis. statutes, s. 49.83].

Name	Date
Address	
City/State/Zip Code	
Home/Cell Phone Number ()	Work Phone Number ()
IV-D Case Number or Court Case Number	
Social Security Number (SSN) or KIDS Personal Identification Number (PIN)	
Either your SSN or KIDS PIN Number is necessary for us to process your complaint. Failure to provide this information may result in a delay in processing your request.	
Name of Other Parent	

I request a review of my case. I believe that an error has occurred or an action was not taken that should have been taken on my case.

(Please describe the action that you think should have been taken but was not taken and when you think the action should have occurred. Also describe any information provided to you by your caseworker. Include copies of any evidence to support your request.)

Signed _____ Date _____

DWD is an equal opportunity employer and service provider. If you have a disability and need to access this information in an alternate format, or need it translated to another language, please call (608) 266-9909 or (800) 947-3529 (WTRS) TTY (Toll Free).